

STUDENT INTERN EVALUATION



STUDENT INTERN _____
DATE OF HIRE _____ POSITION _____
SUPERVISOR _____
DIVISION _____ DEPARTMENT _____

Please use the space below to describe your intern's daily job duties.

Summary of performance.

A. Accomplishments

B. Areas needing attention

C. Action plan.

D. Comments.

Supervisor

Date

Intern

Date

Please return this form to Tina Johnson, Student Intern Program Coordinator, at Mail Stop 28D.